

DEKALB COUNTY, GEORGIA
330 W. PONCE DE LEON AVE.
DECATUR, GA. 30031
Phone (404) 371-2461
Fax (404) 371-2946

DEPARTMENT OF FINANCE
DIVISION OF INTERNAL AUDIT & LICENSING



DEKALB COUNTY BUSINESS REGISTRATION
OFFICIAL MAIL, LOCATION, OR DESCRIPTION CHANGE REQUEST

Account#: _____

Name: _____

Mailing Address: _____

INTER OFFICE USE ONLY											
DATE ISSUED: _____ Permit No.: _____ SIC/NAICS No.: _____ Class _____ Type _____											
ZONING: APPROVED _____ DENIED _____ BY _____ DIST. _____ LOT _____ BLOCK _____ PARCEL _____											
CLEARANCES: POLICE _____ FIRE _____ HEALTH _____ CO _____ H.O.P. _____ OTHER _____											
(Please Enter New Mailing Address Above/ Print items 1-12 in blue or black ink./ Your signature is required in item 11.)											
1. Change Address Of: Description <input type="checkbox"/> Mailing <input type="checkbox"/> Owners <input type="checkbox"/> Business(Physical) <input type="checkbox"/>						2. Type of Ownership Change (circle one) From: Single Partnership/Association Corporation To: Single Partnership/Association Corporation					
3. Move Date: M M D D Y Y Y Y						4. Status Change Date: M M D D Y Y Y Y					
5. Account No.											
6. Old Business Name											
7. New Business Name											
8a. If Business Moved, Print Business Name											
8b. OLD Address											
8c. OLD APT. or Suite#											
8d. OLD CITY						8c. State		8d. ZIP			
9a. NEW Address											
9a. OLD APT. or Suite#											
9b. NEW CITY						9c. State		9d. ZIP			
10a. OLD Business Process Description											
10b. NEW Business Process Description											
11. Print and Sign Print: _____ Sign: _____						12. Date Signed: M M D D Y Y Y Y		OFFICIAL USE ONLY Received Date _____ BY _____			
Mail To: DeKalb County, Internal Audit & Licensing P.O. Box 100020, Decatur, Ga. 30031-7020											